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| TRANSMITTAL FORM | | Attorney Docket No. <u>BC9-99-068</u> <u>1503P</u> |
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AF
ZMW

In re the application **Jennie CHING et al.**

Confirmation No: **6677**

Serial No: **09/538,380**

Group Art Unit: **2127**

Filed: **March 29, 2000**

Examiner: **Ali, Syed J.**

For: **Method and System For Managing Subsystem Processes In A DMD System**

| ENCLOSURES (check all that apply) | | | | | |
|-------------------------------------|--|--|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amendment/Reply | <input type="checkbox"/> | Assignment and Recordation Cover Sheet | <input type="checkbox"/> | After Allowance Communication to Group |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> | Part B-Issue Fee Transmittal | <input type="checkbox"/> | Notice of Appeal |
| <input type="checkbox"/> | Information disclosure statement | <input type="checkbox"/> | Letter to Draftsman | <input type="checkbox"/> | Appeal Brief |
| <input type="checkbox"/> | <input type="checkbox"/> Form 1449 | <input type="checkbox"/> | Drawings | <input type="checkbox"/> | Status Letter |
| <input type="checkbox"/> | <input type="checkbox"/> (X) Copies of References | <input type="checkbox"/> | Petition | <input checked="" type="checkbox"/> | Postcard |
| <input type="checkbox"/> | Extension of Time Request * | <input type="checkbox"/> | Fee Address Indication Form | <input type="checkbox"/> | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> | Express Abandonment | <input type="checkbox"/> | Terminal Disclaimer | | |
| <input type="checkbox"/> | Certified Copy of Priority Doc | <input type="checkbox"/> | Power of Attorney and Revocation of Prior Powers | | |
| <input type="checkbox"/> | Response to Incomplete Appln | <input type="checkbox"/> | Change of Correspondence Address | | |
| <input type="checkbox"/> | Response to Missing Parts | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to . | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Executed Declaration by Inventor(s) | | | | |

| CLAIMS | | | | | |
|-------------------------------------|--|---|--------------|------------|---------|
| FOR | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE | Fee |
| Total Claims | 19 | 22 | 0 | \$ 50.00 | \$ 0.00 |
| Independent Claims | 4 | 4 | 0 | \$200.00 | \$ 0.00 |
| | | | | Total Fees | \$ 0.00 |
| METHOD OF PAYMENT | | | | | |
| <input type="checkbox"/> | Check no. <u> </u> in the amount of \$ <u> </u> is enclosed for payment of fees. | | | | |
| <input type="checkbox"/> | Charge \$ <u> </u> to Deposit Account No. <u> </u> (Account Holder Name) for payment of fees. | | | | |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation) | | | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No. 30,801 |
| Signature | |
| Date | April 29, 2005 |

CERTIFICATE OF MAILING

| | |
|---|----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF - * Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 29, 2005 | |
| Type or printed name | Irena Nikolova |
| Signature | |